## **Application for License / Identification Card / Permit**

http://www.dmv.ri.gov rev: 04/10.7 Page 1 of 2

**USE BLUE OR BLACK INK ONLY** 

Transaction Type (Please Select One)										
LICENSE (complete sections A, B, C, D, H)				<u> </u>	DENTIFICA	TION CARD	(complete se	ections A,	B, C, E, I	<b>⊣</b> )
NEW RENEW DUPLICATE UPDATE OF	UT-OF-STAT	ГЕ		NE	EW REN	IEW DUF	PLICATE	UPDAT	E	
PERMIT (complete sections A, B, C, D, H)				<u>!</u>	MOTORCYC	LE (complete	sections A, E	3, C, D, H	)	
NEW RENEW DUPLICATE UPDATE				PE	ERMIT D	UPLICATE PE	RMIT LI	ICENSE		
COMPUTERIZED KNOWLEDGE EXAM (Circ	le one lang	juage)		_		OF LOST LIC ons A, B, C, F,		or PERM	<u>IIT</u>	
ENGLISH SPANISH PORTU	IGUESE					Y TERMINAT ions A, B, C, G		ICENSE	AFFID	AVIT
A. Applicant's Information (Complete Al	l Fields)									
LAST NAME: FIRST	NAME:			MI	DDLE NAMI	≣:		S	UFFIX:	
DATE OF BIRTH: (MM/DD/YY) GENDER:			soc	CIAL SE	ECURITY N	JMBER:				
MALE		EMALE	ENABL OVINE	- N I T A I I	TUODIZATI	ON / DECIDE	NIT ALIENI	0400 #		
RI DRIVER'S LICENSE # / R.I. ID # / PERMIT #:	PAS	SPURT	EMPLOTME	INT AU	THURIZATI	ON / RESIDE	INI ALIEN	CARD #:		
STREET ADDRESS: RESIDENCE ADDRESS	· ·		CITY/TOWI	N:			STATE:		ZIP:	
CTDEET ADDDECC. 1444 NO ADDDECC (IS DISPEDINT FROM DECIDEN	VOE 455550		CITY/TOW!	NI.			CTATE		ZID:	
STREET ADDRESS: MAILING ADDRESS (IF DIFFERENT FROM RESIDEN	NCE ADDRESS	)	CITY/TOWI	N.			STATE:		ZIP:	
TELEPHONE:			ACTIVE	YES	S NC		SABLED	YES		NO
( )			MILITARY:			VE	ETERAN:			
B. Place Of Birth (Complete All Fields)										
COUNTRY:	STATE/PR	OVINCE:			CITY:					
C. Physical Information (Complete All Fi	ields)									
HEIGHT: ft/in WEIGHT: lbs			LOR: (Circle GREEN	one) GRAY	/ DICHRI		IR COLOR: BLACK	: (Circle BROWN	,	BALD
		BLUE	BLACK	HAZE		l l		RED	GRAY	BALB
D. License/Permit/Knowledge Exam Que	stions									
Are you a Rhode Island resident?	YES	NO	7. Are you	a US (	Citizen?				YES	NO
Is your license or right to operate a vehicle currently	YES		,							
suspended, revoked, or refused by this or any other state?	1 1 1 2 3	NO			be an Orgai				YES	NO
3. Do you have any conditions (other than eyesight)	YES	NO			Register to only U.S. citizen				YES	NO
that could impair your ability to drive a motor vehicle?			Party Affilli	ation: (	Check One	ONLY)				
If yes, list any:			i arty / tillin		CRAT	MODER	RATE			
4. Have you ever been convicted of a motor vehicle offense in District or Superior Court?	YES	NO	REPUBLICAN UNAFILLIATED							
If yes, please explain:										
	/=0			NOTIO	CE TO MA	LES 18 TO	26 YEARS	S OF A	GE:	
5. Do you use any type of corrective lenses while driving?	YES	NO				31-10-47(a), ' st eighteen (				
TO BE COMPLETED BY OUT-OF-STATE TRANSFERS ONLY	VEC	NO	twenty-si	ix (26)	years of ag	e shall be re	gistered in	complia	ance wit	
6. Have you ever held a license in any other state?  If yes, what is the most recent state?	YES	NO				of the "Milita when applyi				ense,
License Number:						ard or renew				•
Exp. Date:						31-10-47(b), t				
Endorsements:						he is conse f so required			n with t	he

E. Identification Card Questions (ON	V۱					rage 2 01 2
Identification Card Questions (ONI     Are you a Rhode Island resident?	YES	NO	5. Do you want to Reg	istor to Voto?	T	I
•			(Applicable to only U		YES	NO
2. Are you a US Citizen?	YES	NO	Party Affilliation: (Che	ck One ONLY)		
3. Do you hold a valid license from any state?	YES	NO	DEMOCRAT	MODERATE		
4. Do you want to be an Organ Donor?	YES	NO	REPUBLICAN	UNAFILLIATED		
F. Affidavit Of Lost License, Lost ID (						
I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF WAS LOST, DESTROYED OR STOLEN. IF THE RHODE IMMEDIATELY RETURN THE SAME TO THE DIVISION	ISLAND LICEN	NSE, IDEN				
APPLICANT'S SIGNATURE:				DATE: (MM/DD/YY)		
C. Valentam Tampingtian Of Alicana	- Afficient					
G. Voluntary Termination Of A Licens PLEASE ACCEPT THIS ATTACHED LICENSE FOR TERMINATION. PLEASE NOTE THAT IF YOUR REASO MY REASON FOR REQUESTING TERMINATION ON A	MINATION UNI	IATION IS				_
I AM MAKING THIS REQUEST ON BEHALF OF MYSELF	AND HEREBY	ACKNOW	LEDGE THE FOLLOWING	<u>G</u> :		_
(a) A RECORD OF THIS TRANSACTION WILL BE (b) I WILL BE PRECLUDED UNDER LAW FROM OPERATOR'S LICENSE – 6 MONTHS / CHAUFFEUR'S (c) PRIOR TO ANOTHER LICENSE BEING ISSUI (d) AFTER THIS VOLUNTARY TERMINATION, I WANOTHER LICENSE.	MAKING APPL LICENSE – 1 Y ED, WRITTEN A VILL BE REQUI	ICATION F EAR. AND ROAD RED TO PA	OR ANOTHER LICENSE EXAMINATIONS WILL B AY ALL REQUIRED LICEI	/PERMIT TO OPERATE FOR A PERIO E REQUIRED.		
LICENSE #:	EXPIRATION	DATE:		LICENSE PHYSICALLY S  YES NO		RED?
APPLICANT'S SIGNATURE:				DATE: (MM/DD/YY)		
NOTE: IF LICENSE IS LOST PLE	ASE COMPLE	TE SECTI	ON F "AFFIDAVIT OF	   A LOST LICENSE, ID OR PERMIT.'	,	
H. Signature						
I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR PERJURY THAT ALL STATEMENTS MADE ON THIS APPLICATION.	OR EITHER A L CATION ARE TRU	ICENSE, S JE AND CO	TATE IDENTIFICATION CA	ARD OR PERMIT AND DECLARE UNI FMY KNOWLEDGE AND BELIEF.	DER PENALT	TY OF
THE UNDERSIGNED (HEREINAFTER REFERRED TO AS MOTOR AND OTHER VEHICLES, KNOWN AS THE MOTOI VEHICLE DESCRIBED IN THE REGISTRATION NOR OTHE	"APPLICANT") S R VEHICLE REP R MOTOR VEHIC	SWEARS T PARATIONS CLE UNLES	HAT, IN COMPLIANCE W ACT, HE/SHE WILL NOT S ALL SUCH MOTOR VEH	ITH TITLE 31, CHAPTER 47 OF THE OPERATE OR BE ALLOWED TO OPER IICLES ARE COVERED FOR FINANCIAI	GENERAL L ATE THE MO SECURITY.	AWS, OTOR
PENALTIES FOR FAILURE TO COMPLY WITH PROVISIONS						
PERSONAL INFORMATION CONTAINED IN YOUR MOTOR THE PERSON TO WHOM SUCH PERSONAL INFORMATION		ORD WILL E	SE DISCLOSED ONLY IF T	HE STATE HAS OBTAINED THE EXPRE	SS CONSEN	NT OF
DO YOU CONSENT TO SUCH A DISCLOSURE	? YES	NO				
APPLICANT'S SIGNATURE:				DATE: (MM/DD/YY)		
MINOR LAW CHAPTER 31-10 OF THE GENERAL LAWS PERSON AS INDICATED IN CHAPTER § 31-10 FOR A M		,		FICATION BY PARENT(S) OR SUCH	RESPONSIE	BLE
WHEN A MINOR IS APPLYING FOR EITHER A PERMIT PRESENT, THEIR SIGNATURE ON THIS FORM WILL E AFTERWARD. COURT PAPERS MUST BE PRESENTE	BE ACCEPTED	BY THE D	MV ONLY IF SIGNED IN	FRONT OF A NOTARY PUBLIC AND	_	
MOTHER'S or FATHER'S SIGNATURE:						
LEGAL GUARDIAN'S SIGNATURE:						
NOTARY PUBLIC SIGNATURE:	NOTAR	Y PRINTE	D NAME:	DATE: (MM/DD/YY)		
COMMISSION EXPIRATION DATE (MANDATORY):				I		
FOR DMV USE ONLY			CLERK'S NAME	DATE		
			BRANCH			

<ul> <li>U.S. Active Service, Retiree, or Reservist Military ID Card.</li> <li>* Government issued Marriage Certificate/License required to prove name change from primary identity document.</li> </ul>	<ul> <li>and contain the date of birth).</li> <li>U.S. or foreign passport (B1, B2 and expired passports are not acceptable)</li> <li>U.S. Naturalization Certificate</li> <li>INS form I-94 (document showing entry into U.S.).</li> <li>INS form I-688 (Temporary Resident Identification Card).</li> <li>INS form I-688B, I-766 (Employment Authorization Card).</li> </ul>	<ul> <li>Statistics; nospital issued certificates are not acceptable)</li> <li>Baptismal certificate (must be original or certified copy, be issued by a church in the U.S., have an issue date of within one year of applicant's birth,</li> </ul>	<ul> <li>Valid U.S. Territory or Canadian Driver's License with photograph, signature, and date of birth (may not be expired for more than one year)</li> <li>Birth certificate (must be original or certified copy, have a seal, and be issued by an authorized government agency such as the Bureau of Vital</li> </ul>	Identity documents (legal name and date of birth)*:	RI License/ID Renewal  LI-1 form  Your current license  Your current ID  New License/ID or Permit  LI-1 form  A certified birth certificate (not a copy) Driver Education certificate (if under 18) Social Security card* Proof of Identity document (see list)
or Reservist Military  e/License required to  document.					Lost Licenses  LI-1 form  One identity document (see list)  One document bearing your signature (see list)  Reinstatement  Reinstatement notice (must be obtained from operator control section) One identity document (see list)  Proof of residency (see list)
	* If your name is different from the name on your current license, you MUST change your name with the Social Security Administration first and then allow at least 24 hours for the change to take effect before coming to the DMV. Your new name and Social Security number must verify electronically with the Social Security Administration's database.	Social Security Card <sup>*</sup> . Work or school ID. U.S. Active Service, Retiree, or Reservist Military ID Card.	Valid U.S./U.S. Territory or Canadian Driver's License with photograph, signature, and date of birth (may not be expired for more than one year) U.S. or foreign passport (B1, B2 and expired passports are not acceptable).	Signature Documents	Motorcycle Licenses  LI-1 form Certificate of completion from the RI Motorcycle Safety Course. Your current, valid RI license An active, out of state, motorcycle license (if converting)
Within 30 Days  Letter from Rhode Islindicating that applicating that applicating the on letterhead presentation and musinformation of an adminuse.		<ul> <li>Payroll check with your name</li> <li>Welfare check stub or food s with your name and address.</li> <li>Within Valid Effective Dates</li> </ul>	Withir	Proof of Residency	Out-of-State Transfer  LI-1 form  Your current license from the other state Proof of residency (see list)  Your Social Security card* or U.S. Passport Proof of Identity document (see list) Driving record or verification from the other state
Letter from Rhode Island shelter or halfway house indicating that applicant resides there. Such a letter must be on letterhead, must be dated within presentation and must include name and contact information of an administrator of the shelter or halfway house.	respectively for your residence.  Property tax bill for your residence.  Property tax bill for your residence.  If a minor, school records, which include the student's address and are for the current school year (or past year if during summer vacation). Acceptable records include a report card, diploma, transcript or ID card, together with parent's license/ID with same address.  Valid Voter Registration Card	Payroll check with your name and address. Welfare check stub or food stamp card or RI EBT Card with your name and address.  1 Valid Effective Dates  1 Pagrange policy for your home/sportment with your	<b>160 Days</b> Utility bill (gas, electric, telephone, cable, oil) in your name or in the name of an immediate family member with the same last name.  Personal check or bank statement with your name and address (no P.O. box).		Name Change  LI-1 form  Social Security card or notice with your updated name Current RI license or Identification Card Proof of Identity document (see list)  OR Signed and notarized LI-1 form. Two documents to prove your identity (see list)  Address Change Change of Address card Current RI license or Identification Card